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We can see clearly ...

By LT M. L. Dasch, MSC, USN, TQL Coordinator

Do you know how your job supports command mission accomplishment? Are you concentrating your efforts on the right things? If you are familiar with our command mission, vision, guiding principles and goals then you can answer "Yes." If not, this is your chance to change that answer to "Yes!" The Executive Steering Council (ESC) has revised our mission, vision and goals. Prov. 29:18 says, "Without vision, the people perish." The vision statement states where we want to be in the future. The statement reflects what we want to happen, even after we are closed. We want to ensure that first, the civilian providers and beneficiaries understand how and where care can be obtained and can continue to access that care, and secondly, to ensure that the staff is provided training and relocation to assist them. In these ways our vision will continue after the hospital is closed. Our mission statement focus has changed from trying to provide access/care in-house to providing access wherever it may be available: other military facilities, the VA or civilian providers. Our guiding principles have not changed! Why? Because the values we initially set and are still following as a command have not changed. Goals are set to give us concrete steps toward reaching the vision and performing our mission effectively. They may seem vague but the ESC will be assigning responsibility for each area of a goal, either to a QMB, a closure team, or other group within the hospital.

In conclusion, read the documents, look at your job and determine if you are helping reach our goals and supporting the mission and vision.

NAVAL HOSPITAL ORLANDO VISION

■ We will provide support and information
■ to realize our motto:

■ *"Quality Care for Quality People."*

- - For our community this means striving to ensure the most comprehensive and compassionate healthcare.
- - For our staff this means a total commitment of meeting their personal and professional needs.

NAVAL HOSPITAL ORLANDO MISSION

- Our mission is to provide the highest possible quality healthcare to Navy and Marine Corps men and women, their families and all others we serve.
- Challenged with facility closure, we will:
 - - Promote wellness.
 - - Facilitate access to comprehensive healthcare services.
 - - Support our staff in meeting personal and professional needs.
 - - Maintain readiness to support the operating forces.
 - - Advocate continuous improvement.

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What's happening in Respiratory Care?

By HM2 Christopher D. Bell, USN

Naval Hospital, Orlando's Respiratory Therapy Department is manned 24 hours a day, 7 days a week by professional, skilled, knowledgeable, and highly trained technicians. The department consists of seven members, five of whom carry the NEC 8541: Mr. J. M. Callender, CRTT; Leading Petty Officer, HM1 J. E. Paschall, CRTT; HM2 W. T. Andrews, CRTT; HM2 C. D. Bell, CRTT; HM2 C. Sadberry, CRTT; HM3 P. T. Bise, CRTT; HM3 J. V. Mateo, OJT. The Department is in the Directorate of Medical Services under CAPT G. Lombard, MC, USN, and under the direct supervision of CDR P. Davila, MC, USN, Internal Medicine Specialist.

Respiratory Therapy is a multi-faceted department which has three divisions: Pulmonary Function Physiology Laboratory, Arterial Blood Gas Laboratory, and Respiratory Care. All technicians and the Technical Director are credentialed through the National Board for Respiratory Care and are designated as Certified Respiratory Therapy Technicians (CRTT).

The Arterial Blood Gas Laboratory reports on Arterial Blood Gases collected throughout the hospital (i.e., Emergency Medicine Department, Surgical Services, Wards). Blood Gases are drawn by the RT staff, doctors and/or nurses skilled in arterial blood gas puncture procedures or by arterial lines placed by Anesthesiology. Blood bases are diagnostic tests which reflect the acid-base level, oxygenation status, electrolytes, and metabolic status of the blood. Our Blood Gas Laboratory meets or exceeds the standards for accreditation of the College of American Pathologists (CAP). The Blood Gas Laboratory is inspected by CAP every two years.

The Pulmonary Function Physiology Laboratory performs lung function tests. These tests consist of Body Plethysmography, Flow Volume Loops, Simple Spirometry, Functional Residual Capacity Studies and Diffusion Capacity Studies. Other tests are Methacholine Challenges and Pre

and Post Bronchodilator Test. Methacholine Challenges are used to rule out reactive airway diseases (i.e., Asthma). Bronchodilator studies are performed to check a patient's response to Beta Adrenergic drug therapy.

Respiratory Care works with all aspects of health care throughout the hospital. Therapists and technicians are used in emergency rooms, operating rooms, on the wards, in the labor and delivery suites, nursery, and intensive and critical care units. They respond to all Code Blues, Whites and Pinks, and all caesarean sections. RT's aid in the management of critically ill patients from adults to neonates; patients requiring mechanical ventilatory assistance, cardioversion, assistance with airway management, monitoring of hemodynamics, and other patients with respiratory embarrassment. Other treatments include, but are not restricted to, aerosol therapies using different medications, chest physiotherapy, incentive spirometry, patient education, pulse oximetry, high humidity oxygenation.

If you have any questions/comments or would like to know more about Respiratory Therapy as a career, please visit our department or call us at X-2338.



Mr. Callender (center) with some of his staff: from (left to right), HM3 Jose J. Mateo, USN; HM3 Paul T. Bise, USN; and HM1 John E. Paschall, USN.

Staff Pulse Beat

Ceremony of 17 September



LT Judith U. Juguilon, NC, USNR, Intensive Care Unit, received the frocking authority for her new rank. Assisting with the new shoulder boards were LT Joanne T. Jackson, NC, USNR, on left, and LT Kathy L. Ducker, NC, USNR.



LT Laura A. Newport, NC, USNR, Intensive Care Unit, received the frocking authority for her new rank. Assisting with the new shoulder boards were LT Raymond J. Hood, NC, USN, and LT Newport's husband, James, and daughter, Emily.



LT Ray M. Brannon, NC, USNR, Surgical Ward, received his letter from CAPT Brant authorizing him to wear the uniform of Lieutenant.



HM1 Brett W. Bradford, USN, Ophthalmology Department, received the Navy Achievement Medal for his professional achievement in the superior performance of duties as Leading Petty Officer of his department. The medal was presented by CDR Claude R. Poliak, MC, USN, of his department.



HM2 Johnny D. Cone, USN, Ophthalmic Fabrication Division, received the Navy Achievement Medal for his professional achievement in the superior performance of duties while serving as the Total Quality Process Improvement Petty Officer for the Tri-Service Ophthalmic Support Unit. The medal was presented by CAPT J. A. Beil, MSC, USN, Head, Recruit Inprocessing Facility.



HN J. Roy Garza, USN, Surgical Ward, Nursing Services, received his First Good Conduct Award. LT Janet E. Weda, NC, USNR, his supervisor, presented the medal.



HM2 Elizabeth A. Still, USN, Laboratory Department, received her First Good Conduct Award. CDR John J. Anderson, MC, USN, her department head, presented the medal.



HN Gregory J. Petrella, USN, Forms Control, Operating Management Department, received a Letter of Commendation from Commander, Naval Forces Marianas, for his outstanding performance while augmenting the staff of U. S. Naval Hospital, Guam during the time Typhoon Omar ravaged the Island. LT Fabio M. Martinez, MSC, USN, his department head, made the presentation.



Mrs. Sharon Kowalski, Secretary for the Director for Administration, received her Twenty-year Career Service Award. Presented by her Director, CDR Joseph P. VanLandingham, MSC, USN.

Award Ceremony of 24 September CAPT M. E. Kilpatrick, MC, USN, presenting



HM3 Elmer F. Taylor, USN, Personnel Management Department, received a Letter of Commendation on the occasion of his transfer to U. S. Naval Hospital, Rota, Spain.

The following personnel received a Letter of Commendation from the Commander, Naval Training Center, Orlando for their outstanding dedication to the Volunteer Services Network and induction into the Commander, Naval Training Center, Orlando's "100 Hours Club:"



HN James A. Smallwood, USN, Orthopedic Department.



HN Holly A. Scheid, USN, Family Practice Department.



HN Sean R. Barber, USN, Inpatient Administration Division.



HM3 James P. Burke, USN, Physical Therapy Department.



HM2 Michael L. Goehring, USN, Laboratory Division, Branch Medical Clinic, NTC.



HN Michael D. Whaley, USN, General Surgery Department. His letter was presented by LCDR David B. Staab, MC, USNR, General Surgeon.

The following personnel received a Letter of Appreciation from CAPT Brant for their nomination for Naval Hospital, Orlando's Male Athlete of the Year:



HN Kevin D. Stubblefield, USN, Central Processing Division.



HM3 Jose J. Mateo, USN, Respiratory Care Division.



HM3 Jose T. Zavala, USN, Laboratory Department.

Not present for the ceremony was HM3 Terence Watts, USN, Orthopedic Department.



HM2 Ammie L. Davis-Payne, USN, Physical Therapy Department, received a Letter of Appreciation from CAPT Brant for her nomination for Naval Hospital, Orlando's Female Athlete of the Year. Not present for the ceremony was HM2 Dinorah Vazquez, USN, Legal Division, who also received a Letter.

Promotion/Frocking Ceremony of 17 SEP



Promoted to the rank of LCDR, Wayne W. Beam, MC, USN, Family Practice Department, had lots of help with his new shoulder boards: CAPT Brant, daughter, Lenzi, and his wife Amy.



LT Corazon D. Rogers, MSC, USNR, Head, Patient Administration Department, received the authority to wear the uniform of Lieutenant. CAPT Brant made the presentation.



LT Glenn E. Gaborako, MSC, USNR, Physician Assistant, Branch Medical Clinic, NTC, was assisted with his new shoulder boards by his in-laws, LCOL Tom and Mary Jo Atkinson, USA (Ret.).



LT Victor M. Torrales, MSC, USNR, Pharmacy Department, was assisted with his new shoulder boards by CAPT Brant and CDR Franz R. Peterson, MSC, USN, his department head.



LT John R. Gouldman, MSC, USNR, Command Closure Office, was assisted with his new shoulder boards by CAPT Brant and CDR Joseph P. VanLandingham, MSC, USN, Director for Administration.



LT Anna M. Daddario, MSC, USNR, was re-administered the oath of office for Lieutenant by CAPT Brant on 28 September in order to correct her date of rank.



SH1 Kenneth Allen, USN, Central Processing Division, reenlisted on 8 October. LCDR Russell S. Thacker, MSC, USN, Head, Material Management Department, served as reenlistment officer.



LT Elizabeth K. Gillard, NC, USNR, attentively listened to the frocking letter read by CAPT Carol A. Peterson, NC, USN, Director for Nursing Services, giving her the authority to wear the uniform of Lieutenant. The ceremony was held on 8 October.



HM1 Peter G. Lauter, USN, Branch Medical Clinic, NTC, reenlisted on 14 October. CAPT Rosalia F. Dy, MC, USN, Director of the Branch Medical Clinic, served as reenlistment officer. HMC Beverly K. Bright, USN, Command Career Counselor, coordinated the ceremony.

Awards Ceremony of 15 October



HM2 Michael D. Howard, USN, Branch Medical Clinic, NTC, received the Navy Achievement Medal for his superior performance while serving as Leading Petty Officer, Immunization Clinic, Branch Medical Clinic, NTC. LT Gibson presented the medal and certificate.



Mrs. Blondeen Hammons, Patient Administration Department, received her Career Service Award for twenty-five years. CAPT Brant made the presentation.



HN Holly A. Scheid, USN, RIF Medical, Branch Medical Clinic, received a Letter of Commendation from the Commander, Naval Training Center, Orlando for her outstanding dedication to the Volunteer Services Network, and induction into the Commander's "100 Hours Club." CAPT J. A. Beil, MSC, USN, her department head, made the presentation.



MS2 Todd Drespling, USN, Food Service Department, received a Letter of Commendation from the Commander, U. S. Naval Base, Guantanamo Bay, Cuba, for his tremendous support during the 1993 Navy/Marine Corps Relief Fund Drive. The letter was presented by Mr. Al Larrivee, his department head.



HN Michelle Broussard, USN, Branch Medical Clinic, NTC, received a Letter of Appreciation from the FBM Operational Test Support Unit 2, for her outstanding support during the Demonstration and Shakedown Operation on 22 August. The letter was presented by LT Garth H. Gibson, MSC, USNR, Assistant Director, of the Branch Medical Clinic.



HN Timothy M. Taylor, Jr., USN, Urology Department, received his First Good Conduct Award. LCDR Bradley K. Weisner, MC, USNR, his department head, presented the medal.



HN Dale F. G. Downing, USN, Family Practice Department, received his First Good Conduct Award. LCDR Stratton J. Shannon, MC, USN, his department head, presented the medal.



HM2 Scott G. LaFrance, USN, Medical Mobilization Office, received a Letter of Appreciation from the Special Assistant to the Commanding Officer, Naval Reserve Branch Medical/Dental Clinic, NAS, Willow Grove, PA for his time and effort in assisting a Reserve Officer during his Active Duty for Training.



LT James W. Elliott, MSC, USNR, received a Letter of Appreciation from the Commander, Naval Training Center, Orlando, for being selected as one of the "Yard of the Month" winners at the Naval Training Center Annex for the month of July. The letter was presented by LT Gibson.



HM2 Donny Figueroa, USN, Branch Medical Clinic, NTC, received a Letter of Appreciation from the Commanding Officer, FBM Operational Test Support Unit TWO, for his outstanding support during the Demonstration and Shakedown Operation on 22 August. LT Nelson A. Nieves, MC, USN, a Health Care Provider from Branch Medical Clinic, made the presentation.



LTJG Mark W. Wertz, MSC, USNR, Out-patient Administration Division, received his long-awaited promotion on 18 October. Assisting with the new shoulder boards were CAPT Rosalia F. Dy, MC, USN, Director, Branch Medical Clinic, NTC, and CDR VanLandingham.



With LTJG Wertz's promotion, it was time for a new Bull Ensign. By special appointment of the Commanding Officer, the honor was bestowed on ENS Cheryl A. Lang-Bond, NC, USNR, Nursing Services. LTJG Wertz was overcome with emotion as he assisted with the BIG shoulder boards. LTJG Amy Hall, NC, USNR, took care of the left shoulder board.

Hispanic Heritage Month Luncheon

The end of the 1993 Hispanic Heritage Month celebrations featured an exciting luncheon with pulse beating music and Hispanic foods. The guest speaker was Mr. Marrache Cobre from Disney World.



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NAVAL HOSPITAL, ORLANDO GOALS (July 1993)

GOAL A

Plan transition to closure so there is no compromise to quality healthcare.

Strategies

In transitioning beneficiaries to alternatives we must:

1. Provide direction on available health care sources by:
 - Defining centralized responsibility for education ensuring current information.
 - Defining available health care resources.
2. Provide direction on available health care sources by:
 - Implementing a health care finders system.
 - Developing and implementing an infrastructure for patient transition.

GOAL B

Develop and implement plan of action that protects the rights and entitlements of staff and seeks opportunities to enhance careers.

Strategies

1. Devise ways to improve, maintain morale and enthusiasm in all.
2. Prepare transition for civilian and military staff to best alternative.
 - Identify rights and entitlements
 - Identify job opportunities
 - Create job opportunities
 - Transition assistance

- Foster informed decisions
- Define availability (for transfer) of each staff member
- Maximize employability of staff.

GOAL C

Develop, promote and maintain communication and information channels for staff and patients which are productive, effective and constructive.

Strategies

1. In all communication endeavors we will strive to:
 - Determine and segment target market.
 - Determine information to be communicated to target market.
 - Communicate using marketing strategies.
 - Define desired systems and networks for communication.
 - Evaluate effectiveness of methods to disseminate communication to markets.
2. We are committed to developing effective lines of communication regarding base closure.
3. We are committed to improving verbal communication with staff.
4. We are committed to improving verbal communication with the community.
5. We are committed to improving written internal communication.
6. We are committed to improving written communication with our community.

NAVAL HOSPITAL, ORLANDO GUIDING PRINCIPLES

We the staff of Naval Hospital, Orlando subscribe to the following guiding principles to achieve our vision:

- See progress through acceptance of change and innovation.
- Encourage and support shared responsibility for continuous improvement.
- Foster teamwork and collaboration while recognizing individual accomplishment.
- Promote effective multi-directional communication.
- Train to meet future needs.
- Develop leadership skills at all levels.
- Honor our traditional values of integrity, moral courage, and trust by maintaining pride and professionalism in all that we do.
- Pledging to do the right thing always.



SECOND CHANCE

HMCM(SW) Gary E. Patrick, USN



CHAPLAIN'S COMMENTS

CDR John L. Diaz, CHC, USN

A picture is worth a thousand words

We, in the military, and especially those in leadership positions, set the example for all to see. Communication is not only what we say, it is also how we dress, act and work. Every action we take conveys a message. We all have a tendency to be concerned with our own little part of the Navy and not concerned with how our little part and our actions affect the "Big Picture." For example, a Master Chief Petty Officer does not wear his cover when going from his parked vehicle to his work site; a Lieutenant is two weeks late in visiting his barber; a Chief Petty Officer wearing his working khaki and boondockers into a department store in town; a Captain wearing his ribbons out of order; a Senior Chief Petty Officer wearing an inappropriate belt buckle, etc. On a larger scale, a command does not enforce the body fat standards equally across the chain of command. These bad examples and many others are sending a lot of mixed signals to our young sailors. What rules, regulations and orders must the young sailor obey and which ones are all right to ignore? Which ones are more important than others? Those are hard decisions for young sailors, and they look to their seniors for leadership and guidance. As leaders, have you wondered why your young sailors wear earrings, dirty uniforms and faddish haircuts? Why did the sailor report to work late, not properly record the vital signs or not wear his seat belt? Perhaps they saw other people slough off. Leadership starts at the top by setting the example and the standard, do not ask more of your sailors than you ask of yourself. Also, leadership must start by following all the regulations, even if they do not seem important. If you feel a regulation needs to be changed, get started changing it, but comply until the change is approved. (Rewrite from MCPON'S Direct Line June/July 1993.)

Into the Future

About 10 years ago, we spent 10 great days vacationing in Southern California. We stayed at the Holiday Inn on the 10th floor, near the airport and by the major highway interchanges. The view was spectacular! I was fascinated by the maze of cars flowing in different directions, especially during the rush hour. On one occasion, I observed from my balcony, a motorist broke down and causing a major traffic jam during the rush hour. From my lofty vantage place, I could see for blocks but most of the drivers were unaware of the broken down vehicle. The other drivers became impatient and frantically switched lanes to try and save time, but instead, they switched into the stalled car's lane. If only they could see from my vantage place.

As we travel along life's road, we often react the same as those misguided drivers. With our limited ability to see ahead into the future, we can easily find life's road spotted with delays, road-blocks and potholes. Wouldn't it be great to have a vantage point to see trouble areas ahead! Wait one -- we can! We can look to ONE who is above everything. Our Heavenly Father not only sees blocks ahead but miles. He knows the beginning and the end and everything in between. This is why the writer of Proverbs says, "Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge Him, and He will make your paths straight."

So when the Lord indicates a stop, or a change of lanes, or a wait, it would make sense to listen. After all, He is the one who holds the future.

TIP

CAPT R. H. Brant, MSC, USN

It's coming! It's coming!

The Great American Smokeout is just around the corner. It's difficult for me to assess just how many staff members still smoke, but even one is too many. At the recent CO's conference in Washington, the Surgeon General pointed out again that Navy Medicine must take the lead in eliminating smoking in the Navy.

The prohibition on smoking in recruit training provides sailors to the fleet who have been smoke-free for about nine weeks. While some of them may have been smokers before entering the Navy, we know that we have given them a start on being non-smokers. The reality of life in the Fleet, however, is that we teach over forty percent of our sailors to smoke. While the national average of smokers is in the range of twenty-seven percent, we manage to beat that significantly. Somehow we have to find a way to reinforce the positive lessons and stop fostering the development of poor health habits. To that end, the Surgeon General has emphasized the need to focus smoking cessation efforts on our senior enlisted community. What he is saying (my translation) is that leaders who smoke are leading in a negative way. Clearly that does apply to the senior enlisted community in that most of the Navy is composed of enlisted people who look to the CPO community as role models. I would expand that effort to reflect that those of us who represent Navy Medicine have an obligation to demonstrate positive life styles that support good health. I've said it before, and I want each of you to understand clearly that SMOKING IS AN ERROR IN JUDGMENT.

What this comes down to is that if you smoke, it's time to think about what you are doing to yourself, your family,

In keeping with National House-keeping Week, 15-21 September, Naval Hospital, Orlando salutes our Housekeeping Division staff:

Larry P. Glenn,
Housekeeping Officer

Charlie W. Morgan,
Housekeeping Foreman

Jerome Walker,
Housekeeping Foreman

Karen V. Potestivo,
Biohazardous Waste Handler

Housekeeping Aids:

George L. Brown

William H. Frede

Jesse Hodges

Catherine J. Humphrey, NHO's
Civilian of the Quarter,
2nd Qtr, 1993

Connie W. Jackson

Bobby L. Jones

Ford F. Levi

Basil D. Manning

Frederick A. Marquis

Tessie M. Martin

Jane H. McCrea

Winnie L. McNair

Robbin A. Neely

John M. Newgent

Scott R. Piezon

Keith Proctor

Guillermo Rosa

Damone C. Washington

Frances L. Young

and your shipmates. Those of you who do not and are in leadership positions are not free to ignore the actions of those who smoke. You have a leadership role to fulfill and you must be aware that studies have shown that social pressures are one of the greatest motivators to stop smoking.

It would be a real thrill to see empty smoking areas on November 18, 1993.